## NEVADA STATE ATHLETIC COMMISSION 555 E. WASHINGTON AVENUE, SUITE 3200 LAS VEGAS, NV 89101 TELEPHONE (702) 486-2575 FACSIMILE (702) 486-2577

## PHYSICAL EXAMINATION REPORT AMATEUR KICKBOXER or MIXED MARTIAL ARTIST MALE FEMALE

						/		/
Name		Ringna	Ringname		(Telephone)		Date of Birth	
Address (street	)	(city)			(state)		(zip coc	le)
PHYSICAL HIS	STORY: Has app	olicant ever had	any of th	ne follow	ing conditions:			
☐ Faint	☐ Rupture (he	Rupture (hernia)		est pains	□ Operations			
☐ Shor	☐ Swollen joints ☐ R		□ Rhe	eumatism	☐ Diabetes			
		onvulsions (fits)    Ch						
☐ Spitt	☐ Spitting of blood ☐ Cerebral hemorrhage or any other serious head injury							
					_ Date of last k	nockout		
	n of unconscious							
Length of time b	pefore resuming	boxing after last	knockou	ıt	Vac 🗆	No 🗆		
If yes, explain	nconscious in ot	ner sport or in ar	ly other	way ?	res 🗆	No □		
	Wins	Losses			Draws			
PHYSICAL EX	_					_		
					Weight Temp			
Disabling scars		Mou	th	Teeth	Tonsils		Neck	
Pulse at rest				Blood p	ressure at rest			
Pulse after 100	hops		Blood pressure after 100 hops					
		Blood pressure 2 minutes later						
Enlarged glands	s: □ Yes	□ No	Goiter:	☐ Yes				
Heart:	Pulse rhythm	□ Regular	□ Irreg	ular	Apical impulse	☐ Heav	/y □	Normal
	Enlargement	☐ Yes	□ No		Murmurs	☐ Yes	□ No	
Lungs:	Rales	□ Yes	□ No					
Breasts:	Mass	☐ Yes	□ No		Tenderness	☐ Yes	□ No	
	Discharge	☐ Yes	□ No					
Abdomen:	Enlargement of	liver	☐ Yes	□ No	Enlargement of	Spleen	☐ Yes	□ No
	Hernia	☐ Yes	□ No	Femore	al 🗆 🛮 Inguina		Ventral	
Testicles: Remark		☐ Yes						No
Reflexes:		Knee jerks		Ro	 omberg	Ba	binski	
Skin:		-	Any other unhealed wounds:					
REMARKS:					,		-	

SEROLOGY: The original lab report with applicant's name and date the tests were performed must be submitted.

All tests must be negative to meet the Nevada licensing requirements.

- 1 HIV
- **2. Hepatitis B Surface Antigen** If positive confirmation by Neutralization technique. In certain situations a Hepatitis B Core Antibody test will be acceptable as confirmation.
- 3. Hepatitis C Antibody If positive confirmation by qualitative PCR (polymerase chain reaction)

## **AMATEUR KICKBOXER or MIXED MARTIAL ARTIST - PAGE TWO**

LOCA	TION			NAME PRINTED
DATE			5	SIGNATURE OF APPLICANT
I further	agree that a pho	otographic copy of th	nis Authorization shall be vali	id as the original.
obtain a persons	ny of the foregoir , firms, institutior	ng information, and I	further RELEASE, PROMISE ling such information to repre	NOT TO SUE the Commission on the basis of its attempts to ETO HOLD HARMLESS, and COVENANT NOT TO SUE any seentatives of the Commission on the basis of its disclosures.
written r	eports to the Co	mmission regarding	my medical condition, care a	and/or treatment.
				al history available including, but not limited to, giving oral or
•	•	•		which may be contained in any of the Commission's records. I on whom the Commission determines has a need to know. I
pursuan	t to the provision	ns of NRS/NAC Cha	apter 467, to RELEASE any	and all medical information and/or personal information with
				ness and Industry of the State of Nevada (the "Commission"),
			aws of the State of Nevada, the esult in disciplinary action ag	hat the foregoing information is true & correct; further I realize painst my license
APPLI	ICANT:			
CITY		STATE	ZIP CODE	( ) PHONE NUMBER
STREET	ADDRESS			DATE
LICENSE	ED PHYSICIAN'S N	IAME AND LICENSE N	IUMBER (please print)	PHYSICIAN'S SIGNATURE
. LUM	on one	one. I myr		MD TOMBEL CHEMIED TO FIGHT
PLEAS	SE CHECK	ONE: I HAVE	E □ HAVE NOT □	MEDICALLY CLEARED TO FIGHT
abnorr	nalities eithei	r in my physical o	or the testing. Also list	ed are the steps I took to clarify any problem.
				ne requested exams. Listed are any significant
	EXAM	IINING PHYSIC	IAN: - The follow	ving section must be completed.
100	MUST ALSO	O GO TO AN OF	THALMOLOGIST FO	OR A DILATED EYE EXAM FOR LICENSURE
VOL			DUTUAL MOLOCIST E	OD A DU ATED EVE EVAM FOR LICENSLIRE
(0)		chment, retinal te		ry glaucoma, aphakia, pseudophakia, or dislocated
(3)		•		hat he/she had significant eye problems such as
(2)		ocedures done to ound the eye ?		ssues around the eye other than simple sutures of
(1)	Blurred visi	on? □ Yes [	□ No	
EYEH	IISTORY:	Has applica	ant ever had any of the	following conditions:

Revised 11/2006